## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

		/	•		
I. Name of Lobbyist	(s) Jim B	Couley /1	nihe Dor	nehy	
II. Name of lobbyist	's partnership, firm	<pre>{ / or corporation, if:</pre>	any:	J	
De	nnehy & B	ouley, LL	C		
,	me of partnership, firm		and NIII	00001	
	Depot Stre	(Town/City)		(State)	(Zip Code)
`		(Town/City)			(Zip Code)
(Telephone)	(	)(Fax	e-ma	.11	
III. This statement c reportable expense t					y file a separate report for
All reportable tran	sactions occurring in	the months prior to	the reporting date	e relative to the	following client:
As	Sociation (Full Name of Client	for A	ccessibl.	e Mec	licines
OR		47: 1 P 4: 1	11. 10. 6. 31.	-d-111-1	5 . I' . II I . I' I
unrelated to any partic	•	st (including the lo	bbyist's family), of	r the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 vity from date of registro		July 25, activity from 4/1	2018 [] 1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to		•	30, 2019 🗌 0/1/18 to 12/31/1	8
V. There have been If this box is checked, Concord, NH 03301.					
VI. Check if addition	•				
If you have receiv	•				oenses ort of Honorariums or
Expense Reimburseme		oursed expenses, y	ou must me Adde	ndum <b>b</b> – Kepe	or of Honorariums of
☐ If you, your firm,	or your family has ma	ade political contrib	outions, you must f	file Addendum	C- Political Contributions
Sworn Statement/Aff I have read RSA 15, R and complete to the be	SA 15-B, RSA 14-C	and RSA 664 and I	nereby swear or aff	firm that the fo	regoing information is true
	Ny			4/24/8	
(Signature of lobbyist	:) 1			Date	RECEIVED
(Print Name of lobby	ist)				APR 2 5 2018
					1
				DEP	IEW HAMPSHIRE ARTMENT OF STATE

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

11182	
1. Name of Lobbyist(s) Jim Bouley Mike I	sennehy
II. Name of lobbyist's partnership, firm or corporation, if any:	•
Dennehy & Bouley LLC (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	action of 1
III. Name of Client ASSOCIATION For Access Ible M	Date 04/17/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a)\$/2,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 12,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	c)\$ 12,000 d)\$ 4,000
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pairs expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of extense reimbursement, or political expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from beginning by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Bly	4/24/18
(Signature of lobbyist)	(Date)
Jim Boulev	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Denne	1. & Brulou 1	15
Name of Client (leave	blank if Statement is to	or the partnership, firm, of	or corporation and not related t	o any
particular client):	HSSOCIATION	to Access	ible Medicine	7
Date of Report (check	one):			
April 25, 2018	July 25, 2018 □	October 31, 2018 □	January 30, 2019 □	
,	,	,	•	
			and Expenses described above number of Addendum forms	
Addendum A(	s).			
Addendum B(	5).			
Addendum C(	s).			
	my knowledge and beli	ief.	ent and each Addendum is tru	e and
Mike Den	nehy			
(Print Name of lobbyis	it) J			